

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

FILED MAY 15 1943

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

15488

State File No.

Registration District No. 377

Primary Registration District No. 3063

Registrar's No. 1075

1. PLACE OF DEATH:

(a) County St. Louis,  
 (b) City or town Clayton,  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Louis Co. Hosp.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 days, (Specify whether  
 In this community 2 days, years, months or days)

3. (a) PRINT  
 FULL NAME

Betty Louise Morgan,

3. (b) If veteran,  
 name war none

3. (c) Social Security  
 No. none

4. Sex Female

5. Color of  
 race white

6. (a) Single, widowed, married,  
 divorced single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
 alive years

7. Birth date of deceased Sept. 4, 1939  
 (Month) (Day) (Year)

8. AGE: Years Months Days  
3 8 0

If less than one day  
 hr. min.

9. Birthplace Glencoe,  
 (City, town, or county)

Mo.  
 (State or foreign country)

10. Usual occupation at home,

11. Industry or business

12. Name Otto Morgan,

13. Birthplace Jefferson City, Mo.  
 (City, town, or county) (State or foreign country)

14. Maiden name Elsie Hibbler,

15. Birthplace St. Louis Co. Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Otto Morgan,

(b) Address 7561 Manchester, Mahlewood, Mo.

17. (a) Burial, (b) Date thereof 5/7/43  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cem. Pond, Mo.

18. (a) Signature of funeral director Schrader Funeral Home,

(b) Address Raytown, Mo.

19. (a) MAY 8 - 1943 (b) J. M. Carson  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis,  
 (c) City or town Mahlewood,  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 7561 Manchester,  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 4  
 year 1943, hour 19, minute 36 P. M.

21. I hereby certify that I attended the deceased from  
 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Struck by auto-  
mobile while a pedestrian on  
a public highway  
 Due to Many surface contusions and  
abrasions, fracture of skull with  
 Due to subarachnoid hemorrhage.

Other conditions  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations

Of autopsy

PHYSICIAN

Underline  
 the cause to  
 which death  
 should be  
 charged sta-  
 tistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) Accident / 26-  
 (b) Date of occurrence 5-2-43  
 (c) Where did injury occur? Manchester & Oakland  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place  
 (Specify type of place)  
 While at work? (e) Means of injury  
 23. Signature Louis H. Bopp (M. D. or other)  
 Address Kirkwood, Mo. Date signed 5-6-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Theo. Schrader*

Licensed Embalmer No. *3066*

P. O. Address

*Dallwin, N.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.